



QPR Certified Gatekeeper Instructor's Recertification

Dear Gatekeeper Instructor:

Your 3-year certification is due for renewal. The QPR Institute would like to know what kind of work you have done regarding suicide prevention, intervention and related issues. Please complete any of the following items that pertain to your work and return it to our office at QPR Institute, P.O. Box 2867, Spokane, WA 99220 along with your recertification fee of \$85.00 for the next 3 years' certification. Our staff will collate instructor activities and make them available through our newsletter. An updated certificate will be returned to you upon receipt of your renewal form.

Number of QPR Gatekeeper trainings presented.

Average number of participants.

Types of groups/individuals trained.

Expanded QPR or other related trainings and if yes, types of training.

Survivors of Suicide activities?

Type of participation:

Titles of materials reviewed?

Books:

Articles?

List any articles published:

Interviewed/provided information to news media. Type of information?

Utilized QPR informational/promotional materials? What was most helpful and why?

American Association of Suicidology membership? yes ___ no ___

Membership in related organizations? Describe.

Established liaisons/network within community? Describe:

Political participation? Describe.

Served as suicide prevention resource? Describe:

Attended workshops/trainings? List:

Proclamation of Agreement for Recertification

With my QPR recertification, I agree to adhere to the QPR standards for gatekeeper training as presented in the QPR manual and certification training. I agree to continue to use QPR booklets and cards for any and all QPR gatekeeper trainings. I agree to provide up-to-date, accurate resource numbers and referral sources for gatekeeper audiences. I agree to maintain and increase my knowledge base about suicide and suicide related issues.

Name (print) _____

Address _____

Phone _____

Email _____

Signature _____

Date _____

Check Purchase Order _____ Visa/MC _____

Expiration _____ Validation Code _____

Send to: P.O. Box 2867, Spokane, WA 99220 or Fax to: 509-536-5400